

**SAMPLE
LETTER OFFERING A MEDICAL EXAMINATION**

[NOTE: All footnotes and brackets below contain supervisory instructions and should not be included in the final letter. All letters medical documentation are to be reviewed by an Employee Relations Specialist in the Personnel Office prior to issuance. See instructions in Chapter 2 regarding supervisory-maintained personnel records.]

Mr. M. Ploy
1234 SW 5th Street
Burbank, OR 97223

Dear M.,

You have provided medical documentation from three medical specialists regarding several of your medical problems, e.g., stiffness and pain in the neck and back, periodic loss of vision, sudden and uncontrollable falling asleep at work, inability to sleep at night, some loss of hearing, reactions to medications, etc. You have requested, and your doctors agree, that you should not operate a motor vehicle and should not work around equipment and fish ponds. As you know, these duties constitute a very large portion of your job.

I would like to offer you the opportunity to be examined by a physician who can review and consolidate your previous medical documentation. The physician will also prepare a report addressing (a) if and when you will be able to perform the full range of your duties, and/or (b) if there are accommodations that can be made so that you will be able to perform the full range of your duties¹.

If you accept this offer of examination, you will be entitled to use official time to travel to and from the doctor's office and for the examination, and to reimbursement of travel expenses for your trip to and from the doctor's office. The Fish and Wildlife Service will pay for the examination. We will also forward to the doctor a copy of your signed consent for release of information², a summary of your duties and all medical documentation you have submitted thus far.

¹ 5 CFR 339 requires that the employee be notified of the reason(s) the medical examination is being offered.

² A Consent for Release of Information Form (Form 3-2047) is located in Exhibit 1 of 227 FW 4. You can also obtain Form 3-2047 by calling the Employee Relations Specialist in the Personnel Office. In the event of a job-related injury, a Consent form may be used, but is not required. Representatives of the Service are authorized by 20 CFR 10.207(c) to obtain from the employee or his/her physician any and all information related to a claim for and/or receipt of compensation for any job-related injury or disease.

If you decide not to accept this offer of medical examination, I will have no choice but to make any necessary decisions regarding your employment based on the information I currently have, i.e., that you are no longer able to perform the majority of the duties in your job, and that there is no end in sight³. As an option to or in addition to accepting this offer of examination, you may submit additional medical documentation from your own physicians and I will consider it⁴.

Please feel free to contact the Employee Relations Specialist in the Regional Personnel Office at **[telephone number]** for information concerning medical documentation requirements.

Sincerely,

Mr. Soupy R. Visor
Hatchery Manager

³ The CFR also requires that the employee be notified of the consequences of failure to report for the medical examination.

⁴ The CFR also requires that the employee be informed of his/her right to submit medical documentation from his/her own physician, and of the Service's obligation to consider the information.